| CSD 4015 [04/28/96] Name, Address, Telephone No. & I.D. No. | |
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| UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991 | |
| In Re | |
| | |
| | BANKRUPTCY NO. |
| Debtor. | |
| | |
| REQUEST FOR RETURN OF PAYM | MENT OF FEES |
| | |
| On, fees were paid in the for the processing of the following request or document: | amount of \$ |
| | |
| [] Amendment[] Request for Copy Work/Research | [] Motion for Relief from Stay [] Other: |
| These funds were accepted under the attached Receipt numbe | • • |
| | |
| The Clerk was unable to process the document or request beca | use: |
| | |
| and it is requested that a refund of \$ be rer | nitted to the below-named party. |
| NAME: | |
| ADDRESS: | |
| | |
| CITY, STATE, ZIP: | |
| DATED: | |
| Name of Requ | estor |
| FOR COURT'S USE ONLY: | |
| [] Refund is in process. You may expect a check to be mailed fro weeks. | m the United States Treasury in approximately 4-6 |
| [] Case has been closed. No refund is due pursuant to policies of | the Judicial Conference |
| DATED: Barry K. Lande | er, Clerk |
| Ву: | , Deputy Clerk |

RECEIPT MUST ACCOMPANY APPLICATION